

Linda S. Payne  
Chapter 7 Bankruptcy Trustee  
12770 Coit Road, Suite 541  
Dallas, TX 75251  
972 628 3695  
linda@paynetrustee.com

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF  
DIVISION

In re:	§	
	§	
HEALTHTRONIX LYMPHEDEMA	§	Case No. 11-40427 BTR
MANAGEMENT,		
	§	
Debtor(s)	§	

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**TRUSTEE'S FINAL REPORT (TFR)**

The undersigned trustee hereby makes this Final Report and states as follows:

1. A petition under chapter of the United States Bankruptcy Code was filed on . The undersigned trustee was appointed on .
2. The trustee faithfully and properly fulfilled the duties enumerated in 11 U.S.C. §704.
3. All scheduled and known assets of the estate have been reduced to cash, released to the debtor as exempt property pursuant to 11 U.S.C. § 522, or have been or will be abandoned pursuant to 11 U.S.C. § 554. An individual estate property record and report showing the disposition of all property of the estate is attached as **Exhibit A**.

4. The trustee realized gross receipts of \$

Funds were disbursed in the following amounts:

Payments made under an interim  
disbursement  
Administrative expenses  
Bank service fees  
Other payments to creditors  
Non-estate funds paid to 3<sup>rd</sup> Parties  
Exemptions paid to the debtor  
Other payments to the debtor

Leaving a balance on hand of<sup>1</sup> \$

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<sup>1</sup> The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under 11 U.S.C. §326(a) on account of the disbursement of the additional interest.

The remaining funds are available for distribution.

5. Attached as **Exhibit B** is a cash receipts and disbursements record for each estate bank account.

6. The deadline for filing non-governmental claims in this case was \_\_\_\_\_ and the deadline for filing governmental claims was \_\_\_\_\_. All claims of each class which will receive a distribution have been examined and any objections to the allowance of claims have been resolved. If applicable, a claims analysis, explaining why payment on any claim is not being made, is attached as **Exhibit C**.

7. The Trustee's proposed distribution is attached as **Exhibit D**.

8. Pursuant to 11 U.S.C. § 326(a), the maximum compensation allowable to the trustee is \$ \_\_\_\_\_. To the extent that additional interest is earned before case closing, the maximum compensation may increase.

The trustee has received \$ \_\_\_\_\_ as interim compensation and now requests a sum of \$ \_\_\_\_\_, for a total compensation of \$ \_\_\_\_\_<sup>2</sup>. In addition, the trustee received reimbursement for reasonable and necessary expenses in the amount of \$ \_\_\_\_\_, and now requests reimbursement for expenses of \$ \_\_\_\_\_, for total expenses of \$ \_\_\_\_\_<sup>2</sup>.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Date: \_\_\_\_\_ By: /s/LINDA PAYNE, TRUSTEE  
Trustee

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

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<sup>2</sup> If the estate is administratively insolvent, the dollar amounts reflected in this paragraph may be higher than the amounts listed in the Trustee's Proposed Distribution (Exhibit D).

**FORM 1**  
**INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT**  
**ASSET CASES**

Page: 1  
**Exhibit A**

Case No: 11-40427 BTR Judge: Brenda T. Rhoades  
Case Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Trustee Name: LINDA PAYNE, TRUSTEE  
Date Filed (f) or Converted (c): 02/08/11 (f)  
341(a) Meeting Date: 03/04/11  
Claims Bar Date: 06/06/11

For Period Ending: 02/04/13

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a) Abandon	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1. Bank Account Sent demand letter to bank. Bank statement showing amount in docman.	9,546.24	18,111.43		18,373.00	FA
2. Account Receivables Called Kristen Earnhardt to see if she wants to be hired to collect receivables. She did not. Sent out receivable letters 7/28/11 List in Payout Book	107,550.49	50,000.00		13,460.86	FA
3. OFFICE EQUIPMENT Met with landlord, debtor and auctioneer at facility. Flushe says not enought to auction. Abandon	2,353.00	500.00	OA	0.00	FA
4. Wound Care Inventory FDA Does not allow it to be resold	0.00	0.00		0.00	FA

TOTALS (Excluding Unknown Values)	\$119,449.73	\$68,611.43	\$31,833.86	Gross Value of Remaining Assets \$0.00 (Total Dollar Amount in Column 6)
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Major activities affecting case closing which are not reflected above, and matters pending, date of hearing or sale, and other action:

Collecting receivables.

Turned bank account over to attorney to file suit against them.

Initial Projected Date of Final Report (TFR): 12/12/12

Current Projected Date of Final Report (TFR): 12/12/12

**FORM 2**

**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 1  
Exhibit B

Case No: 11-40427 -BTR  
Case Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Trustee Name: LINDA PAYNE, TRUSTEE  
Bank Name: First National Bank of Vinita  
Account Number / CD #: \*\*\*\*\*1374 Checking Account

Taxpayer ID No: \*\*\*\*\*4960  
For Period Ending: 02/04/13

Blanket Bond (per case limit): \$ 300,000.00  
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
			BALANCE FORWARD				0.00
08/08/12		Trsf In From Union Bank	INITIAL WIRE TRANSFER IN	9999-000	27,382.24		27,382.24
08/24/12	2	Mary Yoakum	Receivable	1121-000	20.00		27,402.24
09/24/12		First National Bank of Vinita	BANK SERVICE FEE	2600-000		13.51	27,388.73
10/16/12		First National Bank of Vinita	BANK SERVICE FEE	2600-000		16.89	27,371.84
11/06/12		First National Bank of Vinita	BANK SERVICE FEE	2600-000		17.44	27,354.40
12/07/12		First National Bank of Vinita	BANK SERVICE FEE	2600-000		16.86	27,337.54
01/08/13		First National Bank of Vinita	BANK SERVICE FEE	2600-000		17.42	27,320.12
01/24/13	003001	Sheldon Levy, CPA 6320 Southwestern Blvd Suite 204 Ft Worth, TX 76109	Ct approved fees & exp Accountant			2,703.00	24,617.12
			Fees 2,625.00	3410-000			
			Expenses 78.00	3420-000			

COLUMN TOTALS	27,402.24	2,785.12	24,617.12
Less: Bank Transfers/CD's	27,382.24	0.00	
Subtotal	20.00	2,785.12	
Less: Payments to Debtors		0.00	
Net	20.00	2,785.12	

Page Subtotals 27,402.24 2,785.12

**FORM 2**

**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 2  
Exhibit B

Case No: 11-40427 -BTR  
Case Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Trustee Name: LINDA PAYNE, TRUSTEE  
Bank Name: Union Bank  
Account Number / CD #: \*\*\*\*\*4258 Checking Account

Taxpayer ID No: \*\*\*\*\*4960  
For Period Ending: 02/04/13

Blanket Bond (per case limit): \$ 300,000.00  
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
			BALANCE FORWARD				0.00
03/28/11	2	John Hannifin	Receivable	1121-000	16.68		16.68
03/28/11	2	Stephen Criscillis	Receivable	1121-000	26.53		43.21
03/28/11	2	Jeffrey Vick	Receivable	1121-000	50.00		93.21
03/28/11	2	Bill Walker	Receivable	1121-000	28.56		121.77
03/28/11	2	Judy Winton	Receivable	1121-000	57.94		179.71
03/28/11	2	Judy Winton	Receivable	1121-000	16.12		195.83
03/28/11	2	Guardian Life Insurance Co	Receivable	1121-000	12.43		208.26
03/28/11	2	James Ellis	Receivable	1121-000	40.00		248.26
03/28/11	2	Ernest Piscioti	Receivable	1121-000	31.20		279.46
04/01/11	2	Dynamic Recovery Services	Receivable	1121-000	20.26		299.72
04/08/11	2	Dewayne Ivins	Receivable	1121-000	20.00		319.72
04/08/11	2	Dewayne Ivins	Receivable	1121-000	20.00		339.72
04/08/11	2	Anthony Spradlin	Receivable	1121-000	25.00		364.72
04/08/11	2	Teresa Davis	Receivable	1121-000	50.00		414.72
04/08/11	2	Wallace Yoakum	Receivable	1121-000	20.00		434.72
04/08/11	2	Annie Belle	Receivable	1121-000	40.00		474.72
04/08/11	2	Sandra Westwood	Receivable	1121-000	10.00		484.72
04/08/11	2	Kenneth Venzke	Receivable	1121-000	81.61		566.33
04/08/11	2	Charles Harris	Receivable	1121-000	45.75		612.08
04/08/11	2	Terri Thompson	Receivable	1121-000	26.64		638.72
04/08/11	2	Kathleen Crowe	Receivable	1121-000	25.62		664.34
04/08/11	2	Ronald Clinton	Receivable	1121-000	13.34		677.68
04/08/11	2	Patti Lyons	Receivable	1121-000	10.00		687.68
04/08/11	2	David Donaldson	Receivable	1121-000	10.00		697.68
04/08/11	2	Jo Anne Lawrence	Receivable	1121-000	25.00		722.68
04/08/11	2	Andrew Kutzavitch	Receivable	1121-000	10.00		732.68
04/08/11	2	Edgar Gibson	Receivable	1121-000	8.04		740.72

Page Subtotals 740.72 0.00

**FORM 2**

**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 3  
Exhibit B

Case No: 11-40427 -BTR  
Case Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Trustee Name: LINDA PAYNE, TRUSTEE  
Bank Name: Union Bank  
Account Number / CD #: \*\*\*\*\*4258 Checking Account

Taxpayer ID No: \*\*\*\*\*4960  
For Period Ending: 02/04/13

Blanket Bond (per case limit): \$ 300,000.00  
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
04/08/11	2	James Ellis	Receivable	1121-000	40.00		780.72
04/08/11	2	Carl Volz	Receivable	1121-000	134.93		915.65
04/08/11	2	Rick Hatcher	Receivable	1121-000	5.00		920.65
04/08/11	2	Hector Castro	Receivable	1121-000	25.00		945.65
04/08/11	2	Mary Ann Yoakum	Receivable	1121-000	20.00		965.65
04/08/11	2	Sandra Rishel	Receivable	1121-000	35.76		1,001.41
04/08/11	2	Lewis Pennington	Receivable	1121-000	20.00		1,021.41
04/08/11	2	Flora Thomas	Receivable	1121-000	22.05		1,043.46
04/08/11	2	Nancy Lawrence	Receivable	1121-000	5.00		1,048.46
04/08/11	2	Thomas Jones	Receivable	1121-000	20.00		1,068.46
04/08/11	2	Randal Kirkland	Receivable	1121-000	5.74		1,074.20
04/08/11	2	Gayle Stewart	Receivable	1121-000	10.00		1,084.20
04/08/11	2	Jamie Jones	Receivable	1121-000	129.44		1,213.64
04/08/11	2	Pomco	Receivable	1121-000	7.80		1,221.44
		The Tennessee Plan					
04/08/11	2	Medicaid Ohio Health Plans	Receivable	1121-000	1,105.20		2,326.64
04/08/11	2	Medicaid Ohio Health Plans	Receivable	1121-000	285.10		2,611.74
04/08/11	2	Humana	Receivable	1121-000	102.13		2,713.87
04/08/11	2	Indiana Comprehensive Health Ins. Assoc	Receivable	1121-000	993.30		3,707.17
04/08/11	2	Highmark Blue Shield	Receivable	1121-000	1,088.64		4,795.81
04/08/11	2	Kern Lowe	Receivable	1121-000	50.00		4,845.81
04/08/11	2	Highmark Blue Shield	Receivable	1121-000	841.57		5,687.38
04/08/11	2	Highmark Blue Shield	Receivable	1121-000	534.00		6,221.38
04/08/11	2	Jay Rem	Receivable	1121-000	50.00		6,271.38
04/08/11	2	Highmark Blue Shield	Receivable	1121-000	183.20		6,454.58
04/08/11	2	Amerigroup Texas, Inc	Receivable	1121-000	4,816.25		11,270.83
04/08/11	2	Douglas Persson	Receivable	1121-000	100.00		11,370.83
04/08/11	2	Ruby Hill	Receivable	1121-000	38.50		11,409.33
04/08/11	2	Teresa Davis	Receivable	1121-000	50.00		11,459.33

Page Subtotals 10,718.61 0.00

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 4  
Exhibit B

Case No: 11-40427 -BTR  
Case Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Trustee Name: LINDA PAYNE, TRUSTEE  
Bank Name: Union Bank  
Account Number / CD #: \*\*\*\*\*4258 Checking Account

Taxpayer ID No: \*\*\*\*\*4960  
For Period Ending: 02/04/13

Blanket Bond (per case limit): \$ 300,000.00  
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
04/08/11	2	James Love	Receivable	1121-000	75.00		11,534.33
04/08/11	2	James Love	Receivable	1121-000	75.00		11,609.33
04/08/11	2	Lynda Linebarger	Receivable	1121-000	200.00		11,809.33
04/08/11	2	Dynamic Recovery Services	Receivable	1121-000	6.75		11,816.08
04/14/11	2	James Love	Receivable	1121-000	75.00		11,891.08
04/14/11	2	James Ellils	Receivable	1121-000	40.00		11,931.08
04/14/11	2	Coresource	Receivable	1121-000	15.14		11,946.22
05/04/11	2	Dynamic Recovery Services, Inc.	Receivable payment	1121-000	33.76		11,979.98
05/04/11	2	Dewayne Ivins	Receivables	1121-000	20.00		11,999.98
05/04/11	2	Douglas A. Persson	Receivables	1121-000	100.00		12,099.98
05/04/11	2	Teresa A. Davis	Receivables	1121-000	50.00		12,149.98
05/04/11	2	Helen Bergman	Receivables	1121-000	50.00		12,199.98
06/09/11	2	Wallace an Mary Yoakum	Receivable	1121-000	20.00		12,219.98
06/09/11	2	Dynamic Recovery Services	Receivable	1121-000	6.75		12,226.73
06/09/11	2	James Love	Receivable	1121-000	75.00		12,301.73
06/09/11	2	Teresa A. Davis	Receivable	1121-000	50.00		12,351.73
06/22/11	000101	DFW Shredding.com Dallas, TX	Ct app to destroy medical records	2420-000		1,000.00	11,351.73
08/01/11	2	Dynamic Recovery Services	Receivable	1121-000	6.75		11,358.48
08/04/11	2	Helen Bergman	Receivable payment	1121-000	152.64		11,511.12
08/12/11	2	Douglas Persson	Receivable payment	1121-000	25.00		11,536.12
08/12/11	2	Kern T Lowe	Receivable payment	1121-000	225.00		11,761.12
08/12/11	2	William Persinger	Receivable payment	1121-000	128.71		11,889.83
08/25/11	2	Dynamic Recovery Services, Inc.	Receivable	1121-000	6.75		11,896.58
09/21/11	2	Wallace Yoakum	Receivable payment	1121-000	80.00		11,976.58
09/21/11	2	Dynamic Recovery Services	Receivable payment	1121-000	6.75		11,983.33
09/26/11		Union Bank	BANK SERVICE FEE	2600-000		27.04	11,956.29
10/12/11	2	Dynamic Recovery Services, Inc.	Receivable payment	1121-000	6.75		11,963.04
10/25/11		Union Bank	BANK SERVICE FEE	2600-000		27.04	11,936.00

Page Subtotals 1,530.75 1,054.08

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 5  
**Exhibit B**

Case No: 11-40427 -BTR  
Case Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Trustee Name: LINDA PAYNE, TRUSTEE  
Bank Name: Union Bank  
Account Number / CD #: \*\*\*\*\*4258 Checking Account

Taxpayer ID No: \*\*\*\*\*4960  
For Period Ending: 02/04/13

Blanket Bond (per case limit): \$ 300,000.00  
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
10/27/11	2	Wallace Yoakum	Receivable	1121-000	40.00		11,976.00
11/11/11	2	Dynamic Recovery Services	Receivable	1121-000	6.75		11,982.75
11/25/11		Union Bank	BANK SERVICE FEE	2600-000		27.04	11,955.71
12/27/11		Union Bank	BANK SERVICE FEE	2600-000		27.04	11,928.67
01/03/12	2	Mary Yoakum	Receivable	1121-000	40.00		11,968.67
01/13/12	2	Dynamic Recovery Services	Receivable	1121-000	6.75		11,975.42
01/13/12	2	Dynamic Recovery Services	Receivable	1121-000	6.75		11,982.17
01/25/12		Union Bank	BANK SERVICE FEE	2600-000		27.04	11,955.13
02/17/12	2	Wallace Yoakum	Receivable	1121-000	40.00		11,995.13
02/27/12		Union Bank	BANK SERVICE FEE	2600-000		27.04	11,968.09
03/26/12		Union Bank	BANK SERVICE FEE	2600-000		27.04	11,941.05
04/23/12	2	Mary Ann Yoakum	Receivable payment	1121-000	40.00		11,981.05
04/23/12	2	Mitchell Murray	Receivable payment	1121-000	109.28		12,090.33
04/23/12	2	Dynamic Recovery Services	Receivable payment	1121-000	6.75		12,097.08
04/25/12		Union Bank	BANK SERVICE FEE	2600-000		27.04	12,070.04
05/01/12	2	Dynamic Recovery Services	Receivable	1121-000	54.18		12,124.22
05/25/12		Union Bank	BANK SERVICE FEE	2600-000		27.04	12,097.18
06/04/12	2	Mary Ann Yoakum	Receivable payment	1121-000	20.00		12,117.18
06/04/12	1	Chase Bank	Close out bank account	1129-000	18,373.00		30,490.18
06/25/12		Union Bank	BANK SERVICE FEE	2600-000		29.50	30,460.68
07/05/12	2	Dynamic Recovery Services	Receivable payment	1121-000	20.26		30,480.94
07/05/12	2	Dynamic Recovery Services, Inc.	Receivable Payment	1121-000	20.06		30,501.00
07/12/12	000102	BILL PAYNE 12770 Coit Road Suite 541 Banner Place Dallas, TX 75251	Ct approved atty fees			3,074.43	27,426.57
			Fees	3110-000	2,925.00		
			Expenses	3120-000	149.43		
07/25/12	2	Mary Yoakum	Receivable payment	1121-000	40.00		27,466.57

Page Subtotals 18,823.78 3,293.21

**FORM 2**

**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Page: 6  
Exhibit B

Case No: 11-40427 -BTR  
Case Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Trustee Name: LINDA PAYNE, TRUSTEE  
Bank Name: Union Bank  
Account Number / CD #: \*\*\*\*\*4258 Checking Account

Taxpayer ID No: \*\*\*\*\*4960  
For Period Ending: 02/04/13

Blanket Bond (per case limit): \$ 300,000.00  
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
07/25/12		Union Bank	BANK SERVICE FEE	2600-000		68.83	27,397.74
08/08/12		Union Bank 1980 Saturn Street Monterey Park, CA 91755	BANK FEES	2600-000		15.50	27,382.24
08/08/12		Trsf To First National Bank of Vini	FINAL TRANSFER	9999-000		27,382.24	0.00

COLUMN TOTALS	31,813.86	31,813.86	0.00
Less: Bank Transfers/CD's	0.00	27,382.24	
Subtotal	31,813.86	4,431.62	
Less: Payments to Debtors		0.00	
Net	31,813.86	4,431.62	
		NET	ACCOUNT
TOTAL - ALL ACCOUNTS	NET DEPOSITS	DISBURSEMENTS	BALANCE
Checking Account - *****1374	20.00	2,785.12	24,617.12
Checking Account - *****4258	31,813.86	4,431.62	0.00
	31,833.86	7,216.74	24,617.12
	(Excludes Account Transfers)	(Excludes Payments To Debtors)	Total Funds On Hand

Page Subtotals 0.00 27,466.57

EXHIBIT C  
ANALYSIS OF CLAIMS REGISTER

Date: February 04, 2013

Case Number: 11-40427 Priority Sequence  
Debtor Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Code #	Creditor Name & Address	Claim Class	Notes	Amount Allowed	Paid to Date	Claim Balance
001 3110-00	BILL PAYNE 12770 Coit Road Suite 541 Banner Place Dallas, TX 75251	Administrative		\$3,074.43	\$3,074.43	\$0.00
001 3410-00	Sheldon Levy, CPA 6320 Southwestern Blvd Suite 204 Ft Worth, TX 76109	Administrative		\$2,703.00	\$2,703.00	\$0.00
000004B 040 5800-00	Indiana Department of Revenue Bankruptcy Section 100 N. Senate Ave. Rm N240 Indianapolis, Indiana 46204	Priority		\$727.03	\$0.00	\$727.03
000006B 040 5800-00	Internal Revenue Service Department of the Treasury P.O. Box 7346 Philadelphia, PA 19101-7346	Priority		\$0.00	\$0.00	\$0.00
000015A 040 5800-00	OHIO DEPARTMENT OF TAXATION Bankruptcy Division P O Box 530 Columbus, OH 43216	Priority		\$2,065.34	\$0.00	\$2,065.34
00019B 040 5800-00	Pennsylvania Department of Revenue Bankruptcy Division P O Box 280946 Harrisburg, PA 17128-0946	Priority		\$6,835.00	\$0.00	\$6,835.00
00020A 040 5800-00	Ohio Department of Taxation, Bankruptcy Division P O Box 530 Columbus, OH 43216	Priority		\$65.34	\$0.00	\$65.34
000001 050 4800-00	RICHARDSON ISD C/O PERDUE, BRANDON, FIELDER, ET AL P.O. BOX 13430 ARLINGTON, TX 76094-0430	Secured		\$0.00	\$0.00	\$0.00
000011 050 4800-00	Dallas County c/o Laurie Spindler Huffman Linebarger Goggan Blair & Sampson,LLP 2323 Bryan Street Suite 1600 Dallas, TX 75201	Secured		\$0.00	\$0.00	\$0.00
000002 070 7100-00	ATMOS ENERGY CORPORATION ATTN: BANKRUPTCY PO BOX 650205 DALLAS TX 75265-0205	Unsecured		\$533.84	\$0.00	\$533.84

EXHIBIT C  
ANALYSIS OF CLAIMS REGISTER

Date: February 04, 2013

Case Number: 11-40427 Priority Sequence  
Debtor Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Code #	Creditor Name & Address	Claim Class	Notes	Amount Allowed	Paid to Date	Claim Balance
000003 070 7100-00	Systagenix Wound Management 400 Crown Colony Dr., Ste. 302 Quincy, MA 02169	Unsecured		\$37,764.83	\$0.00	\$37,764.83
000004A 070 7100-00	Indiana Department of Revenue Bankruptcy Section 100 N. Senate Ave. Rm N240 Indianapolis, Indiana 46204	Unsecured		\$50.00	\$0.00	\$50.00
000005 070 7100-00	Juzo PO Box 1088 Cuyahoga Falls, OH 44223-0088	Unsecured		\$675.55	\$0.00	\$675.55
000006A 070 7100-00	Internal Revenue Service Department of the Treasury P.O. Box 7346 Philadelphia, PA 19101-7346	Unsecured		\$654.42	\$0.00	\$654.42
000007 070 7100-00	SuperMedia formerly Idearc Media LLC 5601 Executive Drive Irving, TX 75038	Unsecured		\$847.00	\$0.00	\$847.00
000008 070 7100-00	UNITED PARCEL SERVICE c/o RMS Bankruptcy Recovery Services P.O. Box 4396 Timonium, Maryland 21094	Unsecured		\$279.19	\$0.00	\$279.19
000009 070 7100-00	MPM Medical, Inc. 2301 Crown Court Irving, TX 75038	Unsecured		\$4,899.67	\$0.00	\$4,899.67
000010 070 7100-00	American Express Bank, FSB c o Becket and Lee LLP POB 3001 Malvern, PA 19355-0701	Unsecured		\$17,579.23	\$0.00	\$17,579.23
000012 070 7100-00	Penny Hardy 517 Blair Meadow Dr. Grapevine, TX 76051	Unsecured		\$16,505.51	\$0.00	\$16,505.51
000013 070 7100-00	Tom Hardy 517 Blair Meadow Dr. Grapevine, TX 76051	Unsecured		\$30,310.74	\$0.00	\$30,310.74
000014 070 7100-00	BSN Medical Inc. PO Box 751766 Charlotte, NC 28275-1766	Unsecured		\$1,162.83	\$0.00	\$1,162.83
000016 070 7100-00	Verizon Wireless PO BOX 3397 Bloomington, IL 61702	Unsecured		\$148.64	\$0.00	\$148.64
000017 070 7100-00	MP Totalcare Services, Inc. d/b/a CCS Medical, Inc Susan Hardie Jacks	Unsecured		\$4,225,000.00	\$0.00	\$4,225,000.00

Case Number:	11-40427	Priority Sequence
Debtor Name:	HEALTHTRONIX LYMPHEDEMA MANAGEMENT,	

Code #	Creditor Name & Address	Claim Class	Notes	Amount Allowed	Paid to Date	Claim Balance
	One Allen Center 500 Dallas Street, Suite 1200 Houston, TX					
000018 070 7100-00	Tennessee Dept. of Revenue c/o Attorney General PO Box 20207 Nashville, TN 37202-0207	Unsecured		\$75.00	\$0.00	\$75.00
00015B 070 7100-00	OHIO DEPARTMENT OF TAXATION Bankruptcy Division P O Box 530 Columbus, OH 43216	Unsecured		\$2,373.46	\$0.00	\$2,373.46
00019A 070 7100-00	Pennsylvania Department of Revenue Bankruptcy Division PO Box 280946 Harrisburg, PA 17128-0946	Unsecured		\$600.00	\$0.00	\$600.00
00020B 070 7100-00	OHIO DEPARTMENT OF TAXATION Bankruptcy Division P O Box 530 Columbus, OH 43216	Unsecured		\$1,500.00	\$0.00	\$1,500.00
999 2420-00	DFW Shredding.com Dallas, TX	Administrative		\$1,000.00	\$1,000.00	\$0.00
Case Totals:				\$4,357,430.05	\$6,777.43	\$4,350,652.62

Code #: Trustee's Claim Number, Priority Code, Claim Type

## TRUSTEE'S PROPOSED DISTRIBUTION

Exhibit D

Case No.: 11-40427 BTR

Case Name: HEALTHTRONIX LYMPHEDEMA MANAGEMENT,

Trustee Name: LINDA PAYNE, TRUSTEE

Balance on hand \$

Claims of secured creditors will be paid as follows:

NONE

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Trustee Fees: LINDA PAYNE, TRUSTEE	\$	\$	\$
Trustee Expenses: LINDA PAYNE, TRUSTEE	\$	\$	\$
Attorney for Trustee Fees: BILL PAYNE	\$	\$	\$
Attorney for Trustee Expenses: BILL PAYNE	\$	\$	\$
Accountant for Trustee Fees: Sheldon Levy, CPA	\$	\$	\$
Accountant for Trustee Expenses: Sheldon Levy, CPA	\$	\$	\$
Other: DFW Shredding.com	\$	\$	\$

Total to be paid for chapter 7 administrative expenses \$

Remaining Balance \$

Applications for prior chapter fees and administrative expenses have been filed as follows:

NONE

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$ \_\_\_\_\_ must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
000004B	Indiana Department of Revenue	\$ _____	\$ _____	\$ _____
00019B	Pennsylvania Department of Revenue	\$ _____	\$ _____	\$ _____
00020A	Ohio Department of Taxation,	\$ _____	\$ _____	\$ _____

Total to be paid to priority creditors \$ \_\_\_\_\_

Remaining Balance \$ \_\_\_\_\_

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ \_\_\_\_\_ have been allowed and will be paid pro rata only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be \_\_\_\_\_ percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
000002	ATMOS ENERGY CORPORATION	\$ _____	\$ _____	\$ _____
000003	Systagenix Wound Management	\$ _____	\$ _____	\$ _____

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
000004A	Indiana Department of Revenue	\$	\$	\$
000005	Juzo	\$	\$	\$
000006A	Internal Revenue Service	\$	\$	\$
000007	SuperMedia	\$	\$	\$
000008	UNITED PARCEL SERVICE	\$	\$	\$
000009	MPM Medical, Inc.	\$	\$	\$
000010	American Express Bank, FSB	\$	\$	\$
000012	Penny Hardy	\$	\$	\$
000013	Tom Hardy	\$	\$	\$
000014	BSN Medical Inc.	\$	\$	\$
000016	Verizon Wireless	\$	\$	\$
000017	MP Totalcare Services, Inc. d/b/a CCS Medical, Inc	\$	\$	\$
000018	Tennessee Dept. of Revenue	\$	\$	\$
00019A	Pennsylvania Department of Revenue	\$	\$	\$
00020B	OHIO DEPARTMENT OF TAXATION	\$	\$	\$
00015B	OHIO DEPARTMENT OF TAXATION	\$	\$	\$

Total to be paid to timely general unsecured creditors \$ \_\_\_\_\_

Remaining Balance \$ \_\_\_\_\_

Tardily filed claims of general (unsecured) creditors totaling \$        have been allowed and will be paid pro rata only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be        percent.

Tardily filed general (unsecured) claims are as follows:

NONE

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$        have been allowed and will be paid pro rata only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be        percent.

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

NONE